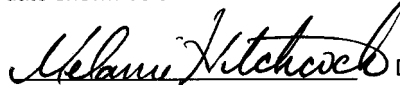



# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lin et al.  Application No: 10/691,418 Confirmation No: 6173  Filed: October 22, 2003  Title: CLEANING AND REFURBISHING CHAMBER COMPONENTS HAVING METAL COATINGS	Art Unit: 1794  Examiner: Miller, Daniel H  Attorney Docket No: 008716 USA/AGS/SPARES/DP  December 30, 2010 San Francisco, CA 94107
--	--

<b>Mail Stop Issue Fee</b> Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450  <b>Via EFS</b>  <input checked="" type="checkbox"/> Amendment Under 37 C.F.R. § 1.312 <input type="checkbox"/> Declaration <input type="checkbox"/> Drawing <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer	<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. § 1.136  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Total \$ 0.00</b></td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	<b>Total \$ 0.00</b>		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input type="checkbox"/> One Month	\$130.00	\$65.00																	
<input type="checkbox"/> Two Months	\$490.00	\$245.00																	
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																	
<b>Total \$ 0.00</b>																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	23	26	0	\$52.00	\$26.00	\$0.00
Independent Claims	4	5	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension of Time</td> <td style="width: 50%; text-align: center;">\$0.00</td> </tr> <tr> <td>Fee for Extra Claim(s)</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: center;"><b>\$0.00</b></td> </tr> </table> <input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.  <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: <del>Mail Stop RCE</del> , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below:  By:  Date: <u>December 30, 2010</u> Melanie Hitchcock	Extension of Time	\$0.00	Fee for Extra Claim(s)	\$0.00	<b>Total</b>	<b>\$0.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .  Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107  Respectfully Submitted,  By:  Date: <u>December 30, 2010</u> Ashok K. Janah Registration No. 37,487
Extension of Time	\$0.00						
Fee for Extra Claim(s)	\$0.00						
<b>Total</b>	<b>\$0.00</b>						